



**Dignity Health.**

St. Joseph's Behavioral  
Health Center



**St. Joseph's Behavioral Health Center  
Community Benefit Report 2014  
Community Benefit Implementation Plan 2015**





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A message from Paul Rains President of St. Joseph's Behavioral Health Hospital, and The Honorable Michael Coughlan Chair of the Dignity Health St. Joseph's Community Board.

The **Hello humankindness** campaign launched by Dignity Health is a movement ignited and based on the proven idea that human connection, be it physical, verbal, or otherwise, leads to better health. At Dignity Health the comprehensive approach to community health improvement recognizes the multi-pronged effort needed to meet immediate and pressing needs, to partner with and support others in the community, and to invest in efforts that address the social determinants of health.

At St. Joseph's Behavioral Health Hospital we share a commitment to improve the health of our community and have offered programs and services to achieve that goal. The 2014 Annual Report and 2015 Plan for Community Benefit fulfills section 501 (r) of the Patient Protection and Affordable Care Act, where each hospital must complete a community health needs assessment every three years and develop a community health implementation plan to document how it will address the significant health needs of the community. We are proud to provide this report as a continuation of the work we have done over the past 40 years to better the health of the communities we serve.

In addition, California State Senate Bill 697 requires not-for-profit hospitals to annually report its community benefit efforts and measurable objectives as well as its plans for the coming year. Encouraged and mandated by its governing body, Dignity Health hospitals comply with both mandates at each of its facilities, including those in Nevada and Arizona, and is proud of the outstanding programs and services that have been offered to improve the health of the communities we serve.

In fiscal year 2014, St. Joseph's Behavioral Health Hospital provided \$770,788 in financial assistance, community benefit, and unreimbursed patient care. Including the unreimbursed cost of caring for patients covered by Medicare, the total expense was \$1,954,852.

Dignity Health's St. Joseph's Medical Center Board of Directors has reviewed and approved the annual Community Benefit Report and Implementation Plan at their October 24, 2014 meeting.

Thank you for taking the time to review our report and plan. If you have any questions, please contact us at (209) 461-2020.

(Signatures)

Paul Rains, President

The Honorable Michael Coughlan, Chairperson  
Board of Directors

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## EXECUTIVE SUMMARY

St. Joseph's Behavioral Health (SJBH) established services in 1974 as a patient care unit at St. Joseph's Medical Center (SJMC) in Stockton. In 1988, the program expanded operations to the current location, 2510 North California Street. SJBH is a 35 bed licensed not-for-profit psychiatric hospital serving Central California, with 128 employees and 18 medical staff. There were 1,863 admissions and 9,335 outpatient visits in FY2014. Specialized geropsychiatric services meet the mental health needs of the elderly population. Inpatient and partial hospitalization services are provided to adults, 18 years and older. Outpatient services are provided for adults, adolescents and children older than 5 years.

The primary service area of St. Joseph's Behavioral Health Center serves San Joaquin County, as well as parts of Stanislaus, Merced, Sacramento and Calaveras Counties which is a population total of 1,321,876 (2013). Secondary service areas are the further outlying areas of Tuolumne, Stanislaus, Sacramento and Calaveras Counties for an additional population total of 754,953.

Guided by our Mission and responding to the Community Health Needs Assessment priorities incorporated into the 2014-2015 Strategic Plan and the 2015 Implementation Plan we continue to focus on providing access to care and services to the underserved and uninsured members of San Joaquin County. The Community Health and Advocacy Board, the Community Board and hospital administration have set the Community Benefit program priorities based on the unmet behavioral health needs of the Stockton community as the following:

- Behavioral Evaluation Services: St. Joseph's Behavioral Health Center provides free Behavioral Evaluations to assess patient needs and risks and to provide referrals 24-hours daily, 365 days per year to anyone who presents at the facility or at community hospital Emergency Departments. These services are provided regardless of the individual's ability to pay or eligibility for care at our facility.
- Support Groups & Aftercare Services: St. Joseph's Medical Center and St. Joseph's Behavioral Health Center sponsor support groups and free aftercare groups that support those in the community living with a new or continuing life-affecting diagnosis.

In FY 2014, St. Joseph's Behavioral Health Center's contribution to the community through programs and services, as well net costs for the unreimbursed care provided was \$1,954,852. (which excludes the unpaid costs of Medicare, \$1,184,064)

# MISSION STATEMENT

## Our Mission

We are committed to furthering the healing ministry of Jesus. We dedicate our resources to:

- Delivering compassionate, high-quality, affordable health services;
- Serving and advocating for our sisters and brothers who are poor and disenfranchised; and
- Partnering with others in the community to improve the quality of life.

## Our Vision

A vibrant, national health care system known for service, chosen for clinical excellence, standing in partnership with patients, employees and physicians to improve the health of all communities served.

## Our Values

Dignity Health is committed to providing high-quality, affordable health care to the communities we serve. Above all else we value:

### ***Dignity***

Respecting the inherent value and worth of each person.

### ***Collaboration***

Working together with people who support common values and vision to achieve shared goals.

### ***Justice***

Advocating for social change and acting in ways that promote respect for all persons and demonstrate compassion for our sisters and brothers who are powerless.

### ***Stewardship***

Cultivating the resources entrusted to us to promote healing and wholeness.

### ***Excellence***

Exceeding expectations through teamwork and innovation.

## Hello Humankindness

After more than a century of experience, we've learned that modern medicine is more effective when it's delivered with compassion. Stress levels go down. People heal faster. They have more confidence in their health care professionals. We are successful because we know that the word "care" is what makes health care work. At Dignity Health, we unleash the healing power of humanity through the work we do every day, in the hospital and in the community.

Hello Humankindness tells people what we stand for – health care with humanity at its core. Through our common humanity as a healing tool, we can make a true difference, one person at a time.

# ORGANIZATIONAL COMMITMENT

St. Joseph's Behavioral Health Community Benefit activities are guided by our Mission and thus are integrated through all levels of the organization.

Infrastructure supporting Community Benefit activities include:

- Executive Leadership: our hospital President Mr. Paul Rains along with the Administrative team, ensures that the hospital allocates adequate resources to assess, develop and implement community benefit initiatives that respond to the unmet health priorities selected in collaboration with community partners based on the Community Health Needs Assessment (CHNA).
- The St. Joseph's Community Board participates in the process of establishing program priorities based on community needs and assets, developing the hospital's community benefit plan and monitoring progress toward identified goals. (See Appendix A) for a roster of Community Board members)
- The Community Health & Advocacy Committee (CH&A) provides oversight for community benefit activities. The membership of the Committee includes representation of community-based organizations, and represents the ethnic diversity of the community. The Director of St. Joseph's Medical Center, Community Health facilitates the meeting, coordinating content with the Chair, who is a member of the St. Joseph's Community Board. (See Appendix B for a roster of Community Health & Advocacy Committee members)

## Leadership and Community Benefit Planning Process

St. Joseph's Behavioral Health leadership system is driven by the core values of Dignity Health: Dignity, Justice, Collaboration, Stewardship and Excellence. The President of SJBHC has the overall responsibility for the Mission and Community Benefit Strategic Planning process. The St. Joseph's Community Board approves the annual Community Benefit Annual Report & Update. Adequate resources are allocated to carry out the Community Benefit Plan through the operations and capital budgeting process each fiscal year. New Community Benefit programs must be accepted as part of the Strategic Plan of the Hospital before they can be included in the Community Benefit process and must respond to an identified need established through the most recent Community Health Needs Assessment (CHNA).

The Manager of Community Health and Mr. Paul Rains have the responsibility of representing SJBHC while developing community partnerships. Other responsibilities are to plan, organize, develop, evaluate and manage the Community Health Services and strategies approved by Senior Management, St. Joseph's Community Board and Vice President of Strategic Planning.

During 2012-13, a Community Health Needs Assessment (CHNA) was conducted by St. Joseph's Behavioral Health Center as part of the San Joaquin County Community Health Assessment Collaborative for the 700,000 residents of San Joaquin County. The health needs identified, through an analysis of both quantitative and qualitative data, are listed below. These are prioritized according to the degree of support in the findings. All needs are noted as a "health driver", or a condition or situation that contributes to a poor health outcome.

1. Access to primary and preventive care service
2. Lack of or limited access to health education
3. Lack of limited access to dental care
4. Limited cultural competence in health care and related systems
5. Limited or no nutrition literacy/access to healthy and nutritious foods, food security
6. Limited transportation options
7. Lack of safe and affordable places to be active

SBHC identified 1, 2, 4 primary health needs among the seven that aligned with its mission and organizational capacity: Access to primary and Specialty Care; Health Education; and Culturally Competent

Care. The CHNA and Implementation Plan was approved by the Community Health & Advocacy Committee and submitted to the St. Joseph's Board for approval

St. Joseph's Behavioral Health Center participates in the annual Dignity Health Community Grants Program. The objective of Dignity's Health Community Grants Program is to award grants to nonprofit organizations whose proposals respond to the priorities identified in the CHNA. Based on the 2012-2013 CHNA, grants totaling \$310,207 were awarded to organizations whose proposals responded to the priorities identified which were;

1. Access to healthcare, including mental health services for youth and adolescents
2. Chronic Disease: Diabetes, Obesity and Asthma

Dignity Health Community Investment Program has been investing in STAND since 2000 (Stockton Taking Action to Neutralize Drugs) which purchases decaying single-family houses, rehabilitates the units and sells them to first time low-income homebuyers.

### **Non-Quantifiable Benefits**

SJBHC is well integrated into the community and many of the members of the Administrative Team, and Management Team. Some examples:

- Membership of the San Joaquin Hospital Council whose focus is to provide collaborative guidance on health issues affecting the community.
- Transitional Care Behavioral Health Integration (TCBHI) collaborates with public, grants initiatives to improve care for people with chronic disease and mental health disorders.
- Membership of the California Association of Marriage and Family Therapist (CAMFT), liaison responsibilities to organize and provide support during disasters.
- SJBHC provides hospital based clinical nursing instructors by agreement with San Joaquin Delta College.

St. Joseph's Behavioral Health Center takes pride in building healthier communities and to ensure environmental improvements through ecology initiatives.

- St. Joseph's Behavioral Health provides the Jerry Roek Memorial Community Garden area to cultivate produce and the produce is donated to St. Mary's Dining Room.
- Installed a "Recycling Station" in the employee break-room, reception and outpatient services.

# COMMUNITY

The primary service area of St. Joseph’s Behavioral Health is the city of Stockton, French Camp, Acampo, Linden, Lockeford, Lodi, Woodbridge, Escalon, Lathrop, Manteca, Modesto (partial), and Tracy with a secondary service area of Sacramento (partial), Arnold, Mountain Ranch, San Andreas, Patterson, Auburn and Antelope. This community has great potential and also has great challenges. There is a large immigrant population in the area with twenty-three percent of people who were born in another country and nearly forty percent who speak a language other than English at home. Primary languages include Spanish, Hmong, Khmer (Cambodian), and Vietnamese.

Approximately fifteen percent of county residents are living on incomes below poverty level. These communities are generally isolated as the majority of low-income families live in county census tracts where more than half of the populations have incomes below 185% of the Federal Poverty Level (FPL). For San Joaquin County, these census tracts are located primarily in the Stockton area. In several of the low-income neighborhoods violence is a major concern, many residents do not have a safe and affordable place to be active, fresh fruits and vegetables are often not available and transportation is limited. Nearly a quarter of students in San Joaquin County do not graduate from high school, and the unemployment rate is over fourteen percent. Statistics from the U.S. Census Bureau (2010) reveal additional information about the

Population		Diversity		Additional Information	
Ages 0-5	7.7%	White	36%	Rural (unincorporated)	20%
Ages 6-17	28.6%	Hispanic/Latino	35.9%	Unemployment	14.4%
Ages 18-64	52.7%	African American	8.2%	No High School Diploma	23.4%
Ages 65 & older	11.0%	Asian	15.7%	Renters	39.3%
<b>Income</b>		Native American	2.0%		
Average Income	\$53,764	Pacific Islander	0.07%		
		Two or more races	2.13%		

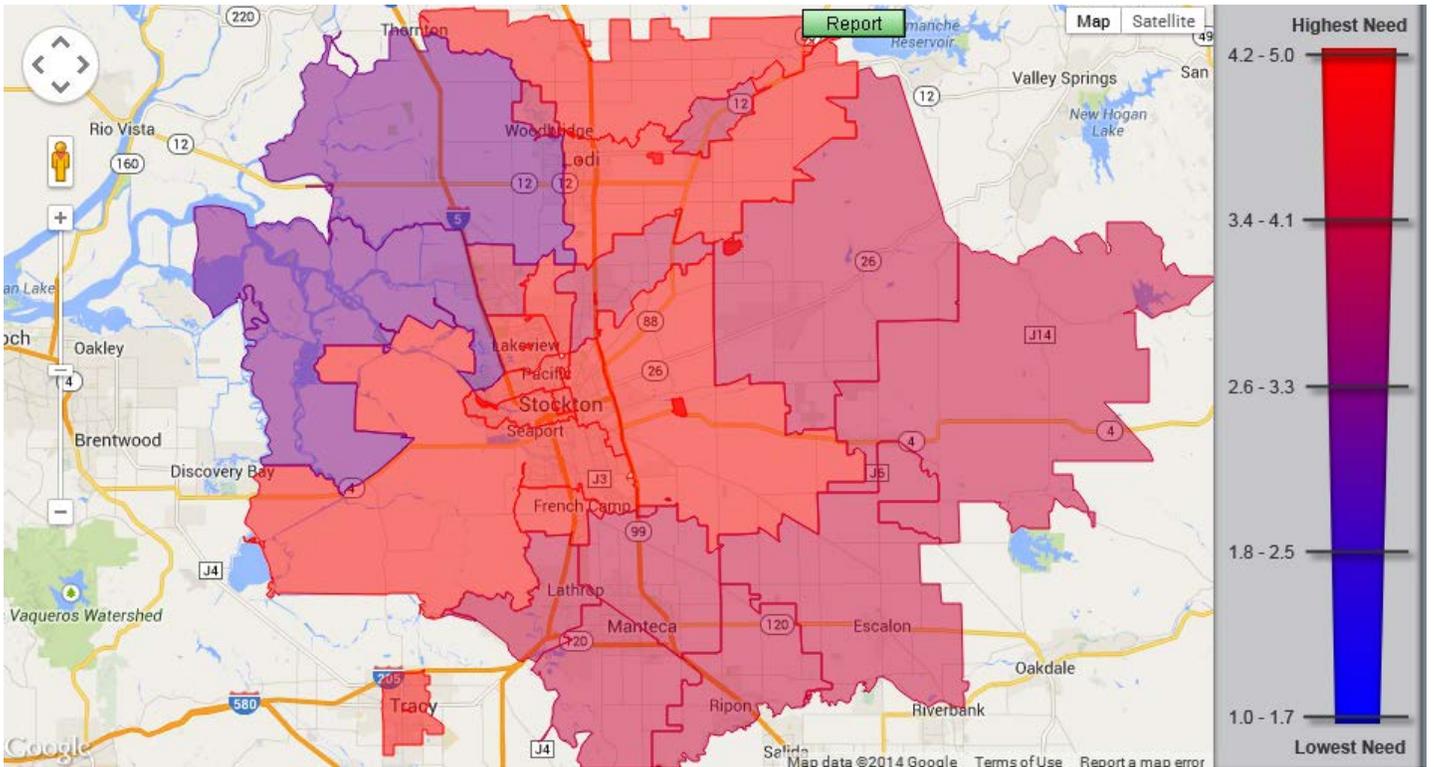
St. Joseph’s Behavioral Health is located in a federally designated Primary Care Health Professional Shortage Area (HPSA). Many of the communities served by the hospital are designated as Medically Underserved Areas (MUA) and the migrant farmworkers served by the hospital are designated as a Medically Underserved Population (MUP). For community benefit activities, St. Joseph’s partners closely with the other healthcare providers in the region, which includes:

- San Joaquin County Public Health
- Community Medical Centers (FQHC)
- St. Mary’s Free Clinic
- San Joaquin County General Hospital
- Sutter Tracy Community Hospital
- Kaiser Permanente
- Lodi Community Hospital
- Dameron Hospital

According to the California Health Interview Survey conducted by UCLA Center for Health Policy Research 15.7% of San Joaquin County residents are uninsured and 25.6% have Medi-Cal coverage.

The disproportionate health needs of the Stockton area are perhaps best reflected in the Community Needs Index score. The Community Needs Index (CNI), developed in 2005 by Dignity Health, accounts for the underlying economic and structural barriers that affect overall health. Using a combination of research, literature, and experiential evidence, Dignity Health identified five prominent barriers for health care access: income, culture/language, education, insurance, and housing. A score of 1.0 indicates a zip code with the lowest socio-economic barriers, while a score of 5.0 represents a zip code with the most socio-economic barriers. The median CNI score for the service area of St. Joseph’s Behavioral Health is 4.8

# St. Joseph's Behavioral Health



**CNI MEDIAN SCORE 4.8**

Zip	State	County	City	2014 Population	2014 CNI Score	Color Key
95202	California	San Joaquin County	Stockton	6,595	5.0	Dark Red
95203	California	San Joaquin County	Stockton	15,940	4.8	Red
95204	California	San Joaquin County	Stockton	28,100	4.6	Red
95205	California	San Joaquin County	Stockton	38,774	5.0	Dark Red
95206	California	San Joaquin County	Stockton	68,276	4.8	Red
95207	California	San Joaquin County	Stockton	48,242	4.6	Red
95209	California	San Joaquin County	Stockton	40,661	3.6	Purple
95210	California	San Joaquin County	Stockton	40,478	5.0	Dark Red
95212	California	San Joaquin County	Stockton	27,930	3.6	Purple
95215	California	San Joaquin County	Stockton	23,478	4.6	Red
95219	California	San Joaquin County	Stockton	29,904	3.2	Dark Purple
95220	California	San Joaquin County	Acampo	8,109	4.2	Red

Zip	State	County	City	2014 Population	2014 CNI Score	Color Key
95230	California	San Joaquin County	Farmington	892	3.6	
95231	California	San Joaquin County	French Camp	4,287	4.4	
95236	California	San Joaquin County	Linden	4,770	3.4	
95237	California	San Joaquin County	Lockeford	3,505	4.0	
95240	California	San Joaquin County	Lodi	47,449	4.8	
95242	California	San Joaquin County	Lodi	27,088	3.2	
95258	California	San Joaquin County	Woodbridge	3,956	4.0	
95320	California	San Joaquin County	Escalon	12,950	3.8	
95330	California	San Joaquin County	Lathrop	19,654	3.4	
95336	California	San Joaquin County	Manteca	44,103	4.0	
95337	California	San Joaquin County	Manteca	33,994	4.0	
95366	California	San Joaquin County	Ripon	17,641	3.4	
95376	California	San Joaquin County	Tracy	51,270	4.2	

# COMMUNITY BENEFIT PLANNING PROCESS

## COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS

The Healthier Community Coalition is a strong coalition that jointly conducts the Community Health Needs Assessment every three years and then works together continuously to address the priority health needs identified in the assessment. The Coalition includes area hospitals, the county health department, and community partners. The community wide assessment process, which covers San Joaquin County, was most recently completed in 2011-13. The assessment process was initiated and co-chaired by St. Joseph's Medical Center, St. Joseph's Behavioral Health Center, Dameron Hospital, Sutter Tracy Community Hospital and Kaiser Permanente, all of whom provided equal financial and in-kind support. First 5 of San Joaquin, Community Medical Centers, Health Plan of San Joaquin, Lodi Memorial Hospital and San Joaquin County Public Health provided additional financial and in-kind support. Many community based organizations within the county also participated in the assessment process.

The Collaborative retained Valley Vision, Inc., to lead the assessment process. Valley Vision, Inc. is a non-profit 501(c) (3) consulting firm serving a broad range of communities across Northern California. The organization's mission is to improve quality of life through delivery of high-quality research on important topics such as healthcare, economic development, and sustainable environmental practices. As the lead consultant, Valley Vision assembled a team of experts from multiple sectors to conduct the assessment, including a public health expert and a geographer as well as additional public health practitioners and consultants to collect and analyze data.

A community-based participatory research orientation was used to conduct the assessment, which included both primary and secondary data. Primary data collection included input from more than 180 residents of San Joaquin County, expert interviews with 45 key informants, and focus group interviews with 137 community members. Members of the community representing different demographic groups were recruited to participate in the focus groups. A standard protocol was used for all focus groups to understand the lived experience of these community members as it relates to health disparities and chronic disease. In all, a total of eight focus groups were conducted. Content analysis was performed on focus group interview notes and/or transcripts to identify key themes and salient health issues affecting community residents.

Further input was gathered at meetings of the Healthier Community Coalition and the annual Community Health Forum, held in November 2012. Secondary data included health outcome data, socio-demographic data, and behavioral and environmental data at the zip code or census tract level. Health outcome data included Emergency Department visits, hospitalization, and mortality rates related to heart disease, diabetes, stroke, hypertension, chronic obstructive pulmonary disease, asthma, safety and mental health conditions. Socio-demographic data included race and ethnicity, poverty, vulnerable groups (female-headed households, families with children, people over 65 years of age), educational attainment, health insurance status, and housing arrangement. Behavioral and environmental data such as crime rates, access to parks, availability of healthy food, and leading causes of death helped describe the general living conditions.

Analysis of both primary and secondary data revealed 10 specific Communities of Concern (defined by zip code boundaries) – neighborhoods where residents are living with a high burden of disease in San Joaquin County. Age-adjusted rates of Emergency Department visits and hospitalizations for several chronic health conditions were analyzed. Visits due to heart disease, diabetes, stroke, and hypertension were consistently higher in the Communities of Concern compared to other zip codes in the health service area. These 10 communities had consistently high rates of negative health outcomes that frequently exceeded county, state, and Healthy People 2020 benchmarks. Analysis of environmental indicators showed that many of the

Communities of Concern had conditions that were barriers to active lifestyles, such as elevated crime rates and a traffic climate unfriendly to bicyclists and pedestrians. Access to healthy food outlets was often limited, while the concentration of fast food and convenience stores was high. The identification of the Communities of Concern was confirmed by experts as areas prone to experiencing poorer health outcomes relative to other communities in the county.

After identifying the areas of the county in greatest need for healthcare interventions, the next step was to identify specific needs to focus on. Priority health needs were determined through in depth analysis of qualitative and quantitative data, and then confirmed by socio-demographic data. A health need was defined as a poor health outcome and its associated driver. A health need was included as a priority if it was represented by rates exceeding established quantitative benchmarks or was consistently mentioned in the qualitative data. After examining key findings from all data sources, a consolidated list of priority health needs for the Communities of Concern in San Joaquin County emerged:

1. Lack of access to primary and preventative care service
2. Lack of or limited access to health education
3. Lack of or limited access to dental care
4. Limited cultural competence in health and related systems
5. Limited or no nutrition literacy/access to healthy and nutritious foods, food security
6. Limited transportation options
7. Lack of safe and affordable places to be active

### **Assets Assessment Process**

In addition to identifying the needs, an assessment of the assets in the community was also completed. The first step involved compiling a list of existing resource directories. Next, additional assets identified through research were added to the master list. Detailed information for each asset was then gathered through a review of materials from the organizations and, when possible, direct contact with staff via phone. The assets are organized by zip code and detailed in the Community Health Needs Assessment.

In all almost 300 distinct health assets were found to be located in the San Joaquin County Communities of Concern or in adjacent zip codes. These assets include community-based organizations delivering health related services such as counseling; education programs; primary care facilities, including FQHCs and free clinics; food pantries, and homeless shelters. The presence of these organizations presents San Joaquin County with a unique opportunity to enhance community health through increased collaboration and coordination of services

### **Developing the Hospital's Implementation Plan**

After completing the community-wide needs assessment, priority setting process and asset mapping, each partner of the Healthier Community Coalition developed its own action plan to address various needs that were identified. Together these plans address all of the priority health needs established through the Community Needs Assessment process. Building on the steps described above, a facilitator from Valley Vision led a core group from St. Joseph's through a strategic planning process to develop the hospital's implementation plan. This process considered numerous factors including high utilization of acute healthcare services, the vast numbers of people in the target population, the cultural diversity and health disparity in the service area, and the hospital's areas of expertise. The finding from the asset assessment also informed an understanding of needs that could best be addressed by supporting community partners who have expertise in those areas. Guided by this analysis it was decided to focus on three of the priority health needs: access to primary and preventive care services, lack of or limited access to health education, and limited cultural

competence in health care and related systems. The hospital evaluated all current Community Benefit programs and their relation to the selected primary health needs. In many instances the structure was in place for existing programs to address the selected primary health needs. Where there was a deficiency, new programs or practices were developed. This process resulted in the development of the implementation plan described below.

1. Access to Primary and Specialty Care
  - a. Free Behavioral Health Evaluations
  - b. Behavioral Health will partner with facilities to improve the transitioning of patients from hospital to home.
2. Health Education
  - a. Support community partners in developing programs to assist SJBHC in addressing health needs priorities.
3. Culturally Competent Care
  - a. Explore best practices that can be integrated into the community to deliver culturally competent care.

### **Planning for the Uninsured/Underinsured Patient Population**

Dignity Health is committed to providing payment assistance to persons who have health care needs and are uninsured or underinsured, ineligible for a government program, and otherwise unable to pay for medically necessary care based on their individual financial situations. Bi-lingual signage that addresses the hospital's Patient Payment Assistance Program is posted in key areas of the hospital facility. (Copy of Dignity Health Patient Payment Assistance Policy **Summary is in Appendix C**).

The Annual Community Benefit Report and Implementation Plan is posted on St. Joseph's Behavioral Health Center website [www.stjosephscares.org](http://www.stjosephscares.org) and at [www.dignityhealth.org](http://www.dignityhealth.org) under Who We Are/Community Health. The 2013 Community Health Needs Assessment executive summary and full report is available on both these websites as well as on a public website that is owned collectively by the Collaborative, [www.healthiersanjoaquin.org](http://www.healthiersanjoaquin.org).

# Plan Report and Update

## Including Measurable Objectives and Timeframes

The following programs were developed in response to identified community needs and are guided by the following five core principles:

- Disproportionate Unmet Health-Related Needs
- Primary Prevention
- Seamless Continuum of Care
- Build Community Capacity
- Collaborative Governance

Below are the major initiatives and key community based programs operated or substantially supported by St. Joseph's Behavioral Health Center in FY 2013-14. Programs that will continue operation in FY 2014-15 are noted by an asterisk (\*).

### Access to Primary and Specialty Care

*Rationale:* The high CNI scores correlate with higher levels of poverty, which restricts access to health care

- Free Behavioral and Evaluation Services\*
- Charity Care for uninsured/underinsured and low income residents\*
- Patient Assistance Program\*

### Health Education

*Rationale:* San Joaquin County ranks very low on health outcomes for chronic disease and the rate of many chronic diseases is increasing

- Sponsored Support Groups, Aftercare and Trainings\*

### Culturally Competent Care

*Rationale:* There are disproportionate unmet health needs in immigrant communities, developing a resource guide that will promote and prolong wellness for the patients and will empower them to become self-advocates when utilizing the medical and behavioral system.

These and other programs are monitored for performance, quality and relevance with ongoing improvements to ensure their success. The following pages include Program Digests for a few of the programs that address one or more of the Initiatives.

# PROGRAM DIGEST REPORTS

## BEHAVIORAL EVALUATION SERVICES

Hospital Community Benefit Priority Areas	<ul style="list-style-type: none"> <li>✓ Access to primary and preventive care services</li> <li>✓ Lack or limited access to health education</li> <li>✓ Limited cultural competence in health care and related systems</li> </ul>
Program Emphasis	<ul style="list-style-type: none"> <li>✓ Disproportionate Unmet Health-Related Needs</li> <li>✓ Primary Prevention</li> <li>✓ Seamless Continuum of Care</li> </ul>
Link to Community Needs Assessment	Access to Primary and Preventive Care
Program Description	24 Hour Behavioral Evaluations for patients with behavioral health and substance abuse issues

### FISCAL YEAR 2014

Goal FY 2014	Ensure all patients in the community who present to the facility for evaluation for need an evaluation as requested by local emergency rooms for suicidal behavior or other behavioral health/substance abuse issues are seen.
2014 Objective Measure/Indicator of Success	Review of call logs and completed behavioral evaluations to ensure all patients needs were met
Baseline	Patient access to 24 hour crisis intervention is limited in San Joaquin County and surrounding communities
Implementation Strategy For Achieving Goal	Hire and train staff
Result FY 2014	Provided Free Evaluations to more than 2,000 persons
Hospital 's Contribution/ Program Expense	\$432,000 in Community Benefit

### FISCAL YEAR 2015

Goal 2015	Provide evaluations 100% of the time with an increase by 2%
2015 Objective Measure/Indicator of	Building on a population served last year of 2,000. The number of patients evaluated will increase by 2% with growth of marketing in this

Success	area
Baseline	Provide support and meeting the needs in the community for patients since patient access to 24 hour crisis intervention is limited in the San Joaquin and surrounding communities
Implementation Strategy for Achieving Goal	Continue to staff Behavioral Evaluation Department on a 24 hour, 365 day basis for walk ins and in emergency rooms. Continue to maintain call logs and monitor the process for necessary changes
Community Benefit Category	A2c

# PROGRAM DIGEST REPORTS

## SUPPORT GROUPS AND AFTERCARE

Hospital Community Benefit Priority Areas	<ul style="list-style-type: none"> <li>✓ Access to primary and preventive care services</li> <li>✓ Lack or limited access to health education</li> <li>✓ Limited cultural competence in health care related systems</li> </ul>
Program Emphasis	<ul style="list-style-type: none"> <li>✓ Disproportionate Unmet Health-Related Needs</li> <li>✓ Primary Prevention</li> <li>✓ Seamless Continuum of Care</li> </ul>
Link to Community Needs Assessment	Health Education
Program Description	Continue to provide support groups (AA, NA, Cocaine Anonymous, Crystal Meth Anonymous, and Women's Continued Care) and Aftercare Groups (Celebrate Life Meth. Free, Adolescent Continuing Care Group, Continuing Care, Friends of BHC) for patients with substance use and/or mental health problems

### FISCAL YEAR 2014

Goal FY2014	To promote wellness and maximize remission rates for previous patients
2014 Objective Measure/Indicator of Success	Decrease readmissions to the hospital
Baseline	Limited number of support groups for our population of patients
Implementation Strategy For Achieving Goal	Promote the support groups and aftercare program during the patient's stay to increase the number of participants
Result FY 2014	Provided support groups and aftercare groups to approximately 2,195 patients this year
Hospitals Contribution/ Program Expense	\$64,421   Community Benefit

### FISCAL YEAR 2015

Goal 2015	Increase the number of patients in the support groups and aftercare program
2015 Objective Measure/Indicator of	The number of patients attending the support groups and aftercare program will increase by 2%

Success

Baseline

Provide support in the community for patients since support groups and aftercare are limited in the community.

Intervention Strategy for  
Achieving Goal

Continue to assess the needs in the community and develop new groups as needed. Continue to maintain attendance sheets in the aftercare groups

Community Benefit Category

A1d

**COMMUNITY BENEFIT AND ECONOMIC VALUE**  
 (which includes Non-Community Benefit – Medicare)

**Benefits for Living In Poverty**

<b>Financial Assistance</b>	<b>56</b>	<b>26,645</b>	<b>0</b>	<b>26,645</b>	<b>0.2</b>	<b>0.2</b>
<b>Medicaid</b>	<b>1</b>	<b>325</b>	<b>33</b>	<b>292</b>	<b>0.0</b>	<b>0.0</b>
<b>Community Services</b>						
Community Benefit Operations	0	4,027	0	4,027	0.0	0.0
Community Building Activities	0	639	0	639	0.0	0.0
Community Health Improvement Services	0	407	0	407	0.0	0.0
<b>Totals for Community Services</b>	<b>0</b>	<b>5,073</b>	<b>0</b>	<b>5,073</b>	<b>0.0</b>	<b>0.0</b>
<b>Totals for Living In Poverty</b>	<b>57</b>	<b>32,043</b>	<b>33</b>	<b>32,010</b>	<b>0.2</b>	<b>0.3</b>

**Benefits for Broader Community**

**Community Services**

Community Building Activities	270	2,190	0	2,190	0.0	0.0
Community Health Improvement Services	4,363	432,400	0	432,400	3.3	3.9
Financial and In-Kind Contributions	9,696	64,421	0	64,421	0.5	0.6
Health Professions Education	177	239,767	0	239,767	1.8	2.2
<b>Totals for Community Services</b>	<b>14,506</b>	<b>738,778</b>	<b>0</b>	<b>738,778</b>	<b>5.7</b>	<b>6.6</b>
	<b>14,506</b>					
<b>Totals for Broader Community</b>		<b>738,778</b>	<b>0</b>	<b>738,778</b>	<b>5.7</b>	<b>6.6</b>
<b>Totals - Community Benefit</b>	<b>14,563</b>	<b>770,821</b>	<b>33</b>	<b>770,788</b>	<b>5.9</b>	<b>6.9</b>
<b>Medicare</b>	<b>578</b>	<b>5,010,409</b>	<b>3,826,345</b>	<b>1,184,064</b>	<b>9.1</b>	<b>10.6</b>
<b>Totals with Medicare</b>	<b>15,141</b>	<b>5,781,230</b>	<b>3,826,378</b>	<b>1,954,852</b>	<b>15.0</b>	<b>17.5</b>
<b>Totals Including Medicare</b>	<b>15,141</b>	<b>5,781,230</b>	<b>3,826,378</b>	<b>1,954,852</b>	<b>15.0</b>	<b>17.5</b>

The uncompensated costs of providing services through financial assistance/charity care, Medicaid, Medicare and other means-tested programs are calculated utilizing a clinical cost accounting system.

## Telling the Story

St. Joseph's Behavioral Health (SJBHC) is a 35 bed licensed not-for-profit psychiatric hospital serving Central California. SJBHC has been providing specialized psychiatric and chemical recovery services for 40 years.

SJBHC offers a variety of inpatient, partial, and other specialized outpatient services which benefit and influence those areas of highest need in the community and the community in general. The aim is to promote wellness by providing evaluations, treatment and continuity of care.

A goal has been to inform the staff and providers of the programs available in the community so they can be a resource to their families, friends and neighborhoods. Annually the Community Benefit Report and Plan is completed and reviewed, then presented to the Community Health & Advocacy Committee for their review and approval. Once approved by the CH&A it is sent to the San Joaquin Community Board for approval. Key information is presented at the Managers Meeting.

The Annual Community Benefit Report and Implementation Plan is posted on St. Joseph's Behavioral Health website [www.stjosephscare.org](http://www.stjosephscare.org) and [www.dignityhealth.org](http://www.dignityhealth.org) under Who We Are/Community Health. The 2014 and 2015 Community Health Needs Assessment is also found on those websites and also on [www.healthiersanjoaquin.org](http://www.healthiersanjoaquin.org).

## Appendix A

### ST. JOSEPH'S COMMUNITY BOARD

- Michael Coughlan\* San Joaquin Superior Court Judge; former civil litigation Attorney
- Rudy Croce Certified Public Accountant
- Michael Herrera , D.O. Chief of Staff, Emergency Medicine
- Sister Raya Hanlon, O.P. Member, Dominican Sisters of San Rafael
- Kathleen Lagorio Janssen CEO, Lagorio Family of Companies
- Lisa Blanco Jimenez Attorney, Neumiller & Beardslee
- Ann Johnston Owner, The Balloonery, former Mayor of Stockton
- Sister Judy Lu McDonnell, OP Member, Dominican Sisters of San Rafael
- Sheriff Steve Moore Sheriff San Joaquin County
- Steven A. Morales\*\* Owner, Mayaco
- Jonise C. Oliva Owner, Deck the Walls
- Carol J. Ornelas CEO Visionary Home Builders, Inc.
- David Robinson, D.O. Psychiatrist
- Linda Sakimura, M.D. Pediatrician
- Constance Fitzpatrick Smith RN; Nurse Anesthetist, Educator
- Thomas Sousa President, IC Ink, Inc. and Legends Apparel
- Donald J. Wiley President & CEO, St. Joseph's Medical Center

\* Board Chair

\*\* Board Vice Chair

## Appendix B

### Community Health & Advocacy Committee

- Kwabena Adubofour, M.D. Family Practice
- Barbara Alberson Sr. Deputy Director, Policy & Planning  
San Joaquin County Public Health Services
- Tom Amato Director, PACT
- Robin Asghar Director, Community Partnership for Families of  
San Joaquin County
- Occeletta Briggs Community Member
- Sister Terry Davis, SND de Namur Catholic Diocese of Stockton
- Edward Figueroa Co-Director St. Mary's Dining Room
- Mick Founts Deputy Superintendent San Joaquin County office  
Of Education
- Rich Good Director, YMCA of San Joaquin
- Sandy Haskins Community Medical Centers
- Ann Johnston Community Board Member
- Robert Kavanaugh Community Member
- John Kendle Director Support Services St. Joseph's Medical  
Center
- Sister Abby Newton, OP Vice President Mission Services St. Josephs  
Medical Center
- Elvira Ramirez Director Catholic Charities
- Annette Sanchez El Concilio
- Don Sims C.D. Program Manager St. Joseph's Behavioral  
Health Center
- Constance Smith Community Board Member & Chair, Community  
Health & Advocacy Committee
- Petra Stanton Manager, Community Health St. Joseph's Medical  
Center
- Harvey Williams University of the Pacific

## Appendix C

### DIGNITY HEALTH SUMMARY OF PATIENT PAYMENT ASSISTANCE POLICY (June 2012)

#### Policy Overview:

**Dignity Health is committed to providing payment assistance to persons who have health care needs and are uninsured or under-insured, ineligible for a government program, and otherwise unable to pay for medically necessary care based on their individual financial situations. Consistent with its mission to deliver compassionate, high quality, affordable health care services, and to advocate for those who are poor and disenfranchised, Dignity Health strives to ensure that the financial capacity of people who need health care services does not prevent them from seeking or receiving care. Payment assistance is not considered to be a substitute for personal responsibility, and patients are expected to cooperate with Dignity Health's procedures for obtaining payment assistance, and to contribute to the cost of their care based on individual ability to pay. Individuals with financial capacity to purchase health insurance shall be encouraged to do so as a means of assuring access to health care services.**

#### Eligibility for Patient Payment Assistance:

- Eligibility for payment assistance will be considered for those individuals who are uninsured, ineligible for any government health care benefit program, and unable to pay for their care, based upon a determination of financial need in accordance with the policy.
- The granting of payment assistance shall be based on an individualized determination of financial need, and shall not take into account age, gender, race, or immigration status, sexual orientation or religious affiliation.

#### Determination of Financial Need:

- Financial need will be determined through an individual assessment that may include:
  - a. an application process in which the patient or the patient's guarantor is required to cooperate and supply all documentation necessary to make the determination of financial need;
  - b. the use of external publicly available data sources that provide information on a patient's or a patient's guarantor's ability to pay;
  - c. a reasonable effort by the Dignity Health facility to explore and assist patients in applying for appropriate alternative sources of payment and coverage from public and private payment programs; and will take into account the patient's assets and other financial resources.
- It is preferred but not required that a request for payment assistance and a determination of financial need occur prior to rendering of services. The need for payment assistance may be re-evaluated at each subsequent rendering of services, or at any time additional information relevant to the eligibility of the patient for payment assistance becomes known
- Dignity Health's values of human dignity and stewardship shall be reflected in the application process, financial need determination and granting of payment assistance. Requests for payment assistance shall be processed promptly, and the Dignity Health facility shall notify the patient or applicant in writing within 30 days of receipt of a completed application.

#### Patient Payment Assistance Guidelines:

Services eligible under the policy will be made available to the patient on a sliding fee scale, in accordance with financial need as determined by the Federal Poverty Level (FPL) in effect at the time of the termination as follows:

- Patients whose income is at or below 200% of the FPL are eligible to receive free care;
- Patients whose income is above 200% but not more than 350% of the FPL are eligible to receive services at the average rates of payment the Dignity Health facility would receive from Medicare, Medicaid (Medi-Cal), Healthy Families, or any other government-sponsored health program in which the hospital participates, whichever is greater in amount for the same services;
- Patients whose income is above 350% but not more than 500% of the FPL are eligible to receive services at 135% of the average rates the Dignity Health facility would receive from Medicare, Medicaid (Medi-Cal), Healthy Families, or any other government-sponsored health program in which the hospital participates, whichever is greater for the same services;
- Patients whose income exceeds 500% of the FPL may be eligible to receive discounted rates on a case-by-case basis based on their specific circumstances, such as catastrophic illness or medical indigence, at the discretion of the Dignity Health facility.

Dignity Health's administrative policy for Eligibility and Application for Payment Assistance shall define what qualifies as income for these purposes.

#### Communication of the Payment Assistance Program to Patients and the Public:

- Information about patient payment assistance available from Dignity Health, including a contact number, shall be disseminated by the Dignity Health facility by various means, including the publication of notices in patient bills and by posting notices in the Emergency and Admitting Departments, and at other public places as the Dignity Health facility may elect. Such information shall be provided in the primary languages spoken by the populations served by the Dignity Health facility.
- Any member of the Dignity Health facility staff or medical staff may make referral of patients for payment assistance. The patient or a family member, a close friend or associate of the patient may also make a request for payment assistance.

#### Budgeting and Reporting:

- Specific dollar amounts and annual plans for patient payment assistance will be included within the Social Accountability Budget of the Dignity Health facility. Dignity Health facilities will report patient payment assistance calculated at cost in the annual Social Accountability Report and may voluntarily report such information as deemed appropriate.
- Patient payment assistance statistics shall be disclosed in annual financial statements but shall not include amounts that are properly considered to be bad debt or contractual discounts.

#### Relationship to Collection Policies:

- Dignity Health system management shall develop policies and procedures for internal and external collection practices by Dignity Health facilities that take into account the extent to which the patient

qualifies for payment assistance, a patient's good faith effort to apply for a governmental program or for payment assistance from Dignity Health, and a patient's good faith effort to comply with his or her payment agreements with the Dignity Health facility.

- For patients who qualify for payment assistance and who are cooperating in good faith to resolve their hospital bills, Dignity Health facilities may offer interest-free extended payment plans to eligible patients, will not impose wage garnishments or liens on primary residences and will not send unpaid bills to outside collection agencies.

Regulatory Requirements:

In implementing this policy, Dignity Health management and Dignity Health facilities shall comply with all federal, state and local laws, rules and regulations that may apply to activities conducted pursuant to this policy.